

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **20945**

FILED JUL 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural MINERAL-TWP</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Purcell</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 Miles N. of Webb City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
• STREET ADDRESS <b>Purcell, Mo.</b>		<b>0490</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Carl</b> b. (Middle) <b>Dean</b> c. (Last) <b>Corp</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 16, 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 19, 1928</b>	9. AGE (In years last birthday) <b>27</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Joplin Cement Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Insulating Dept.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Joplin, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Ralph M. Corp</b>		13b. MOTHER'S MAIDEN NAME <b>Vera Ford</b>		14. NAME OF HUSBAND OR WIFE <b>Pauline Corp (Wife)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY (If yes, give war or dates of service) <b>498-28-5466</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pauline Corp Purcell, Mo.</b>	

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Stat</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple Skull Fractures</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Auto Accident</b>			
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hiway D. Webb City, Mo. Rt. # 1</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jasper</b>	
21d. TIME OF INJURY <b>6-16-56 12:15P.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Auto overturned striking tree</b>	

22. I hereby certify that I attended the deceased from **DID NOT ATTEND**, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Acting Coroner <b>George Decker Sheriff</b>			23b. ADDRESS <b>Webb City, Mo.</b>		23c. DATE SIGNED <b>6-16-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-19-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Friends Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Purcell, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Johnston-Arnce-Simpson Webb City, Mo.</b>			

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

474

AUG 30 1956

AUG 22 1956

County File Number 56-1-535  
Date Filed JUL - 2 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. 464

P. O. Address *Webb City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.